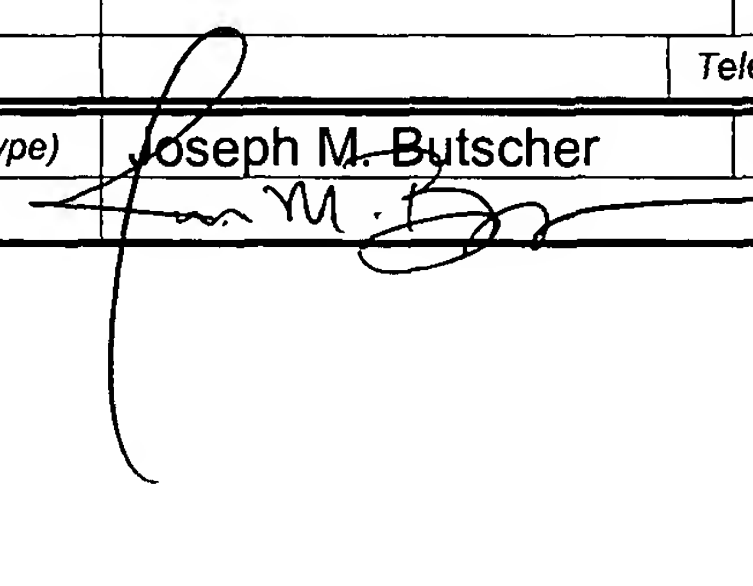
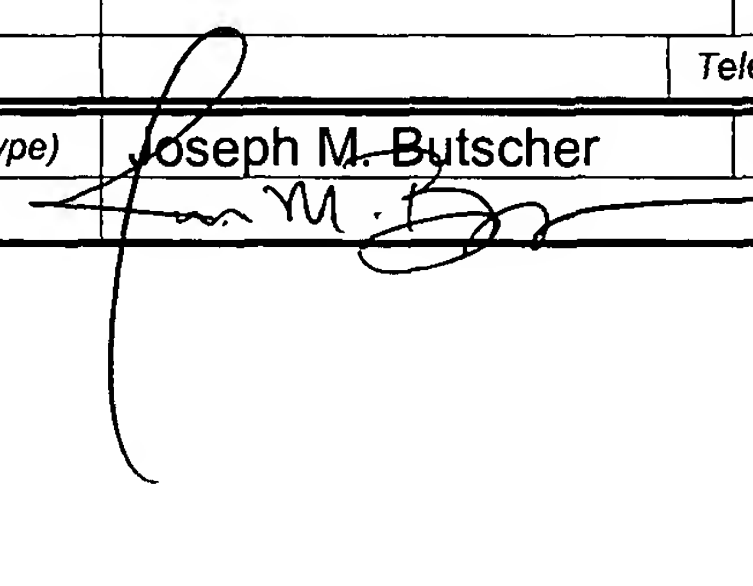
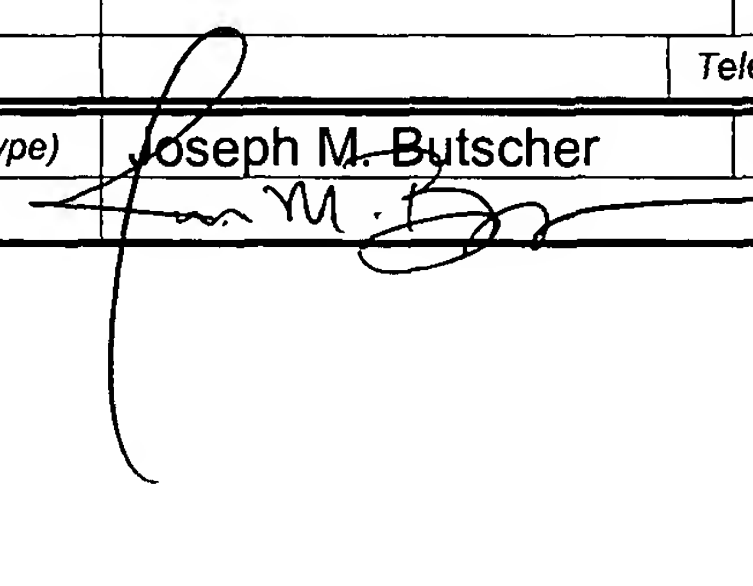


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|---|---|--|--|-------------------|--------------------|-----------------------------------|--------|-----------|---|------|---------|------|-------|----------|--|---------|-----------|-----|--|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | | Attorney Docket No. | 14809US02 | | | | | | | | | | | | | | | | |
| | | First Inventor | Reusche | | | | | | | | | | | | | | | | |
| | | Title | Water Agitation System for Water Retention Structure | | | | | | | | | | | | | | | | |
| | | Express Mail Label No. | EL 849 001 326 US | | | | | | | | | | | | | | | | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p><p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>21</u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>19</u>]</p><p>5. Oath or Declaration [Total Sheets <u> </u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%; vertical-align: top;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div> | | ACCOMPANYING APPLICATION PARTS <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p> | | | | | | | | | | | | | | | | | |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:</p> <p>Prior application information: Examiner: _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> | | | | | | | | | | | | | | | | | | | |
| 19. CORRESPONDENCE ADDRESS | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Customer Number: 23446</div><div>OR <input type="checkbox"/> Correspondence address below</div></div> | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td><td colspan="2"></td></tr><tr><td colspan="2">Address</td><td colspan="2"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone</td><td>Fax</td><td></td></tr></table> | | | | Name | | | | Address | | | | City | State | Zip Code | | Country | Telephone | Fax | |
| Name | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | | | | | | | |
| Country | Telephone | Fax | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Name (Print/type)</td><td>Joseph M. Butscher</td><td>Registration No. (Attorney/Agent)</td><td>48,326</td></tr><tr><td>Signature</td><td></td><td>Date</td><td>8/18/03</td></tr></table> | | | | Name (Print/type) | Joseph M. Butscher | Registration No. (Attorney/Agent) | 48,326 | Signature |  | Date | 8/18/03 | | | | | | | | |
| Name (Print/type) | Joseph M. Butscher | Registration No. (Attorney/Agent) | 48,326 | | | | | | | | | | | | | | | | |
| Signature |  | Date | 8/18/03 | | | | | | | | | | | | | | | | |

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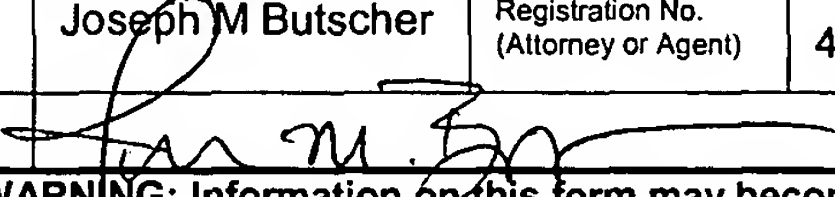
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**FEE TRANSMITTAL
for FY 2003**

Patent Fees are subject to annual revision.

| | | | |
|-------------------------|---------|---------------------|-----------|
| TOTAL AMOUNT OF PAYMENT | (\$792) | Attorney Docket No. | 14809US02 |
|-------------------------|---------|---------------------|-----------|

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|-----------------------------------|-----------------------|---|-----------------------|-----------------|----------|------|-----|------------------------------|-----|------------------------|-----|--------------------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|---|--|------|-----|------|----|---|--|--------------|--|--|--|--|---------|--|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing Fee</td><td>375</td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing Fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$375)</td></tr></tbody></table> | | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1001 | 750 | 2001 | 375 | Utility filing Fee | 375 | 1002 | 330 | 2002 | 165 | Design filing Fee | | 1003 | 520 | 2003 | 260 | Plant filing fee | | 1004 | 750 | 2004 | 375 | Reissue filing fee | | 1005 | 160 | 2005 | 80 | Provisional filing fee | | SUBTOTAL (1) | | | | | (\$375) | | |
| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 750 | 2001 | 375 | Utility filing Fee | 375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 330 | 2002 | 165 | Design filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 520 | 2003 | 260 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 750 | 2004 | 375 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | | (\$375) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>57 - 20** =</td><td>37 x</td><td>9 =</td><td>333</td></tr><tr><td>Independent Claims 5 - 3** =</td><td>2 x</td><td>42 =</td><td>84</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table> | | Total Claims | Extra Claims | Fee from below | Fee Paid | 57 - 20** = | 37 x | 9 = | 333 | Independent Claims 5 - 3** = | 2 x | 42 = | 84 | Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 - 20** = | 37 x | 9 = | 333 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims 5 - 3** = | 2 x | 42 = | 84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$417)</td></tr></tbody></table> | | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 | | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid | | 1204 | 84 | 2204 | 42 | **Reissue independent claims over original patent | | 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent | | SUBTOTAL (2) | | | | | (\$417) | | |
| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 84 | 2204 | 42 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | | (\$417) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *or number previously paid, if greater; For Reissues, see above | | *Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|--|--------------------------------------|---------|
| Name (Print/Type) | Joseph M Butscher | Registration No. (Attorney or Agent) | 48,326 |
| Telephone | (312)775-8000 | Date | 8/18/03 |
| Signature |  | | |

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